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**10/18/2003**  
63 Data Sheet

**CONFIRMATION NO. 7696**

<b>SERIAL NUMBER</b> 10/666,059	<b>FILING DATE</b> 09/18/2003  <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> <del>2643</del> 2614	<b>ATTORNEY DOCKET NO.</b> 00342CON					
<b>APPLICANTS</b>  James C. Bedingfield, Lilburn, GA;									
<b>CONTINUING DATA</b> ..... <b>YES</b> <i>Alt.</i> This application is a CON of 09/742,765 12/20/2000 PAT 6,665,388									
<b>FOREIGN APPLICATIONS</b> ..... <b>NONE</b> <i>Alt.</i>									
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> 12/10/2003									
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance          Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i> </td> <td style="width: 20%; text-align: center;"> <b>STATE OR COUNTRY</b> GA         </td> <td style="width: 20%; text-align: center;"> <b>SHEETS</b> DRAWING 6         </td> <td style="width: 20%; text-align: center;"> <b>TOTAL CLAIMS</b> 20         </td> <td style="width: 20%; text-align: center;"> <b>INDEPENDENT CLAIMS</b> 3         </td> </tr> </table>			<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	<b>STATE OR COUNTRY</b> GA	<b>SHEETS</b> DRAWING 6	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
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<b>ADDRESS</b> 45695 WITHERS & KEYS FOR BELL SOUTH P. O. BOX 71355 MARIETTA, GA 30007-1355									
<b>TITLE</b> System and method for monitoring incoming communications to a telecommunications device									
<b>FILING FEE RECEIVED</b> 750	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:         </td> <td style="width: 50%;"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees (Filing)  <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)  <input type="checkbox"/> 1.18 Fees (Issue)  <input type="checkbox"/> Other         </td> </tr> </table>				<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other			
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